

*Tony*  
**L00000004259**

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2021989-1  
(Sub Account)

DATE: 4-13 300003207553-0

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: ( ) ( ) ext ( )

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: RP of Florida, LLC

DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION:

☒ CERTIFIED COPY (1-9)  
☐ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

( ) Call When Ready ( ) Call if Problem ( ) After 4:30  
( ) Walk In ( ) Will Wait ( ) Pick Up  
( ) Mail Out

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
00 APR 13 AM 11:57

125  
30

mk  
4/13/00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

RP OF FLORIDA, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2401 PGA Boulevard  
Suite 190  
Palm Beach Gardens, FL 33401

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Lexis Document Services

Name

3953 W. W. Kelley Road

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32311

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

C. Woodford, as agent

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

David E. Schaper  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David E. Schaper

Typed or printed name of signee

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

FILED STATE  
SECRETARY OF  
CORPORATIONS  
00 APR 13 AM 11:57